



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6184

SERIAL NUMBER 10/772,101	FILING DATE 02/04/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. CVALUE.006CP1
-----------------------------	---------------------------------------	--------------	------------------------	---

APPLICANTS

Jacques Seguin, Old Windsor, UNITED KINGDOM;

Georg Bortlein, Meudon, FRANCE;

** CONTINUING DATA *****

This application is a CIP of 10/412,634 04/10/2003 PAT 7,018,406
 which is a CIP of 10/130,355 11/26/2002 PAT 6,830,584 *
 and is a CIP of PCT/FR01/03258 10/19/2001
 and said 10/130,355 11/26/2002
 is a 371 of PCT/FR00/03176 11/15/2000
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

FRANCE 00/14028 10/31/2000
 FRANCE 99/14462 11/17/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 38	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 7
--	---	--	-------------------------	-----------------------	----------------------------

ADDRESS

20995
 KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE, CA
 92614

TITLE

Prosthetic valve for transluminal delivery

FILING FEE RECEIVED 1079	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit